| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 002666 | A. BUILDING: _____ B. WING _____ | 06/11/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EVANSVILLE SURGERY CENTER ASSOCIATES LLC | 4133 GATEWAY BLVD STE 100 NEWBURGH, IN 47630 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>Surveyor: 33212<br>Facility Number: 002666<br><br>Type of Survey: State Licensure Off Site HFAP Accreditation Survey<br><br>Date of HFAP On Site Survey - Hospital full survey 4/10-11/2014<br><br>Date of ISDH off site review - 6/19/2014<br><br>Reviewer/Surveyor Nancy Otten RN, PHNS<br><br>Based on review of the April 10-11, 2014 HFAP Accreditation Survey Report, it has been determined that Evansville Surgery Center-Newburgh meets the requirements for ASC Licensure in Indiana for 2014. | S 000 | | |